

NURSING FACILITY PAYMENT RESEARCH FORM INSTRUCTIONS

Use this form when payment issues arise for consumers you serve under MaineCare.

Fill in the top section with the date, your agency name, address, phone and fax numbers, and the contact person who is most familiar with this payment issue.

Fill in the consumer's name, MaineCare and Social Security numbers.

Fill in the last Assessment Date and next Assessment Due Date along with the Payment Dates in Question.

In the box provided, explain the payment issue. Include any questions you may have. Give supporting documentation, information concerning this payment issue.

Please submit copies of pertinent information to support your request. DO NOT send copies of rejected claims. Fax to 287-9231.